

AFFIDAVIT TO RELEASE BIRTH CERTIFICATE

ATTENTION: This form must be completed in the presence of a **Notary Public**

(If you are eligible to receive the birth certificate requested below, you may use *this form* to name another person to receive the birth certificate for you.)

State of: _____ County of: _____

My Name is: (*print name*) _____.

I am eligible, by law, to receive the birth certificate requested below, because I am the: (*Check one*)

- ☐ Child named on the birth certificate, and of legal age (18)
- ☐ Parent listed on the child's birth certificate
- ☐ Legal Guardian of the child named on the birth certificate
(Documentation required)
- ☐ Legal representative of the child or parent named on the birth certificate
(Documentation required)

I authorize the Fayette County Clerk & Recorder office to issue the birth certificate of:

_____ to _____
(Child named on birth certificate) (Print name of person to receive birth certificate)

(Required) I have attached a photocopy of my valid photo ID:

Type of Identification attached (If attorney, only bar number required)

I hereby swear or affirm the above statements are true and correct.

Signature of person checked above

Subscribed and sworn before me on this _____ day of _____, 20____ by

_____, who is: _____ personally known to me, or, _____ who has produced
(Print name of person checked above)

_____ as identification. My commission expires: _____.
(Type of Identification produced)

(Signature of notary)

(Print, type or stamp name of notary)

(SEAL)